

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066271 (4)

1. Corporation Name

IDEAL IDEAS, INC.



Principal Place of Business

**101-F DUNBAR AVE
OLDSMAR FL 34677**

Mailing Address

**101-F DUNBAR AVE
OLDSMAR FL 34677**

3. Date Incorporated or Qualified

08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

59-3344431

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEDINA, LETA G
101-F DUNBAR AVE
OLDSMAR FL 34677**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when name is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HILLMAN, BETH A**
STREET ADDRESS **3984 EXECUTIVE DR**
CITY-STATE-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME **D HINES, BARRY A**
STREET ADDRESS **3984 EXECUTIVE DR**
CITY-STATE-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME **D MEDINA, DAVID**
STREET ADDRESS **3976 EXECUTIVE DR**
CITY-STATE-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME **MEDINA, LETA**
STREET ADDRESS **3976 E**
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**DIRECTOR
MEDINA, LETA G.
3976 EXECUTIVE DR
PALM HARBOR, FL 34685**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

Leta G. Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 813 854-4060
DATE DAYTIME PHONE #

CR2E034 (12/95)